indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: Case #: County	04/20/08 22-43040 Noble	Address:	LOUNTY LINE R.D MOF 115. SOUTH MELFERD, IN 46786
Type o	f Laboratory Scizure (check one) rational Lab mical/Glassware/Equipment (only) mpsite (only)	Seizure Location (d Residence Outbuilding Vehicle	
Ctheck at Lith Red Red Water Anh My Core	Found: Location (bedroom, kitchen, open a all that apply) hium/Ammonia Reaction(s): Phosphorous/Iodine Reaction(s): mable Solvents: ter Reactive Metal (Lithium): hydrous Ammonia: drochloric Acid Gas Generator(s): rosive Acid: rosive Base: her (item and location):		₹
Yes No "If yes,	nuder age 18 discovered (check one) (number present) fax report to Child Protective Services	Ephedrit Retail/M Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire De	epartment: South MAZERS	Fax: <u>////</u>	2-357-3319
Health	Department: Neble Ca	Fax: <u>Hel</u>	1.636-0110
	Protection Service:	Fax:	
Investi	rther information regarding this methamp gating Officer: <u>Loll Los</u> Ph his form is to be faxed to the Fire Department, He sted within 24 hours of scene processing.	ione <u>#40</u> * 93# "оп	GC 1

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.